

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ATTORNEY ACCOUNT		ATTORNEY ACCOUNT	
	CID	DEP	CID	DEP	CID	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
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41						
42						
43						
44						
45						
46						
47						
48						
49		/				
50		/				
TOTAL CID.						
TOTAL DEP.						
TOTAL CLAIMS						

	CD	DEP	CD	DEP	CD	DEP
51						
52		1				
53		1				
54						
55						
56	1	1				
57	1					
58						
59						
60						
61						
62						
63						
64						
65						
66	1					
67						
68						
69						
70						
71						
72						
73						
74						
75	1					
76	1					
77						
78						
79						
80						
81						
82						
83						
84						
85	1					
86						
87						
88	1					
89		1				
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	30	→	→	→	→	→
TOTAL CLADS	39	2	2	2	2	2